

Indiana Department of Education, Division of Exceptional Learners
Partial Tuition Reimbursement Program for Courses in Gifted Education
July 1, 2007 – June 30, 2008 Grant Year
(Revised – September 2007)

The Division of Exceptional Learners' Priorities for High Ability Education includes the following goal:
Support licensure for all Indiana High Ability Coordinators, High Ability Teachers, and school services personnel responsible for working with high ability students through specified criteria.

To meet these goals, additional funds have been given for the fiscal year 2007-2008 to be used for partial tuition reimbursement for Indiana licensed public school personnel for coursework completed from July 1, 2007 through June 30, 2008. This funding may be used for qualified gifted education graduate courses that could lead to licensure at any university. The fund is being administered through the Center for Gifted Studies & Talent Development at Ball State University. This funding will be distributed on a first-come, first-serve basis to qualifying applicants.

CRITERIA FOR PARTIAL TUITION REIMBRUSEMENT:

1. Reimbursement will be provided for a three-credit hour gifted education university graduate course that could be used toward licensure.
2. Student must receive an A or B as the final grade.
3. Applicants must submit application which will include a short narrative detailing reason the student took the course, with a signature from their public school supervisor.
 - (a) A one-half (1/2) tuition reimbursement per three-credit hour course will be provided if the student is a **current** High Ability Coordinator, teacher of high ability students or school services personnel with specified duties related to high ability students during the school day. This must be stated and verified by the supervisor on the application.
 - (b) A one-third (1/3) tuition reimbursement per three-credit hour course will be given to any pre-service education student (including graduate assistants, student teachers, and school services) or in-service in a public school that does not fit an above category.
4. Applicant must submit a copy of the tuition bill for the course along with the completed application. This will be used to determine the amount of reimbursement that will be provided.
5. Once the course is completed, the applicant must submit a university transcript (copies are not accepted) to the address below in order to receive the reimbursement.

Follow the steps below to apply for partial tuition reimbursement for graduate courses leading to the licensure in gifted education:

1. Complete the application for scholarship assistance.
2. Return the application form along with a copy of the tuition bill for the course to:
Dr. Cheryll Adams
Center for Gifted Studies & Talent Development
Ball State University BU 109
Muncie, IN 47306
3. The completed application form and copy of the tuition bill must be postmarked no later than two weeks after the start of the course for which you are applying for partial tuition reimbursement.
4. Applications will be evaluated and applicants will be notified of whether or not the application is accepted.
5. If the application is accepted, upon completion of the course, the applicant should send a university transcript (original copy only) to the address above.
6. After receipt of the original university transcript, funds will be distributed within four to six weeks.

If you have any questions, please call the Center for Gifted Studies & Talent Development at 800-842-4251 or send an e-mail to Dr. Cheryll Adams at cadams@bsu.edu.

Indiana Department of Education, Division of Exceptional Learners
Partial Tuition Reimbursement Program for Courses in Gifted Education
July 1, 2007 – June 30, 2008 Grant Year

PLEASE TYPE OR PRINT ALL INFORMATION

Name: _____ Date: _____

Street Address: _____ City _____ Zip _____

Phone: (_____) _____ E-mail: _____

Public School Corporation: _____ School: _____

Social Security Number (needed for check distribution): _____

Person/public school corporation to whom distribution check should be made out: _____

Years teaching experience: _____ Years working with gifted children: _____

Do you currently work with gifted children? _____ In what capacity? _____

Reason for enrolling in gifted education course work:

What do you plan to do with the training in gifted education?

List any previous courses you have taken in gifted education below (attach a separate page if necessary):

Course	Year Taken	University

List the course, university, and dates of the course for which you are seeking scholarship assistance. Please also indicate the amount of reimbursement requested (i.e. 1/2 tuition or 1/3 tuition):

Applicant signature _____ Date _____ Position _____

Supervisor signature _____ Date _____ Position _____

Return the completed application (and copy of the tuition bill for the course) to:

Dr. Cheryl Adams
Center for Gifted Studies & Talent Development
Ball State University BU 109
Muncie, IN 47306
Fax: 765-285-3783